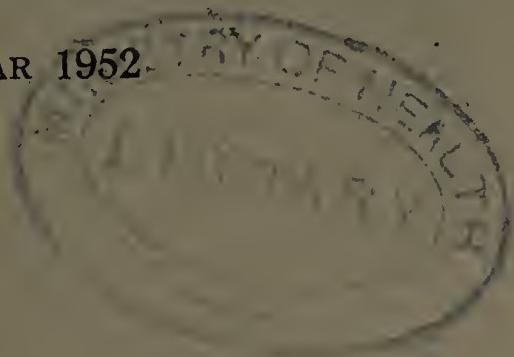


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SALTASH MUNICIPAL BOROUGH

The
Annual Report
of
THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1952



P. J. FOX, M.B., B.C.H., B.A.O., D.P.H.

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For the Year 1952

To the Mayor, Aldermen and Councillors of the Corporation of the Borough of Saltash

YOUR WORSHIP AND GENTLEMEN,

In presenting my Annual Report for the year, 1952, my first and obvious duty is to comment on the general health of the population which resides in the six County Districts which make up Health Area No. 7. I should like to make it clear at the outset that much of what I have to say in this respect is based not on incontrovertible facts and figures but on opinions and impressions I have formed while living and working amongst the people of this part of Cornwall. The more obvious matters of being born, of dying, of contracting disease can be measured with some degree of precision, and their impact upon the community can be compared with that of previous years or that of other communities in the same year. For matters of life and death our yardstick is reasonably effective but for assessing the relationship of health, or more often the lack of it, to normal day-to-day living we are driven back to some extent on speculation and guesswork. We know from the heavy demands placed upon the National Health Service that there is a great deal of chronic ill-health, much of it vague in character ; and based upon psychological disorders. These latter exist as one of the undesirable by-products of our modern civilisation, with its diverse anxieties, and its increased tempo of living, and there does not at present seem to be any obvious or easily available remedy. It would not however be reasonable to dismiss the problem on such a pessimistic note, without making some effort to solve it, but before doing so we must know more of its nature and extent. To collect this information is a task of very great magnitude, since the manifestations of chronic ill-health have an almost infinite variety, and its roots may lie tangled and deep in human experience. Nevertheless, if any worthwhile advance is to be made in our endeavours to tackle this problem, we must somehow or other gain the knowledge which will enable us to plan the eradication of this type of disease in the same way in which we have disposed of those more obvious diseases which used to cause so much human suffering and loss of life.

From the figures which are available to me, and my personal impressions, it appears to me that the health of the community in South-East Cornwall was up to average during 1952. The population of the Area showed a decrease of 497 as compared with 1951, the total estimated mid-year population being 53,520. The County Districts showing decreases were St. Germans Rural District, Torpoint Urban District, Liskeard Borough and Looe Urban District, whilst Liskeard Rural District and Saltash Borough showed small increases in population. The total number of births 742 shows a small increase over the 1951 figure and the birth rate shows a corresponding small increase. The total number of deaths 709 shows a decrease as compared with the 1951 figure of 726, and the death rate is below the 1951 rate. The rates for maternal mortality, and infant mortality show small increases as compared with those of 1951, but the numbers are not large enough to allow of any useful deductions being drawn. As far as the principal well-defined causes of death are concerned heart disease again figures as the most prominent cause of death, with cancer as the next most common cause, followed by cerebral vascular lesions (stroke). In 1952 heart disease caused 39 per cent. of the total deaths, a small reduction over the 1951 figure of 41 per cent. On the other hand cancer as a cause of death has shown an absolute increase from 92 in 1951 to 102 in 1952, representing a relative increase from 12.6 per cent. to 14.4 per cent. of the total deaths. Figures for the Area and its constituent County Districts appear in more detail as Appendix 1 of this Report. This year I have compiled an additional Appendix—Appendix 2—which provides a more detailed analysis of the two most numerous causes of death—heart disease and cancer. In recent years the attention of the medical profession and the general public has been increasingly drawn to coronary disease as a frequent cause of sudden death, which strikes down men and women who have appeared to be healthy, and who in many instances were not aware that they suffered from heart disease. In coronary disease the blood vessels which supply the muscle of the heart itself become diseased as a result of which the blood supply to the heart muscle is interfered with and fails. This disease of the coronary arteries is part of the general pattern of disease which affects the arteries of the body from middle age onward, and comes under the popular description of "hardening of the arteries." Certain features about coronary disease are difficult to understand or explain. It is for instance more common in those whose occupation involves mental strain and worry, and less common in those whose occupation involves physical exertion. It would, therefore, appear to be, like peptic ulcer, a disease brought about by the worry, stress and the increased tempo of modern civilized conditions. Much research work has been done

and is being done to find out why man's arteries, and particularly his coronary arteries, should degenerate, become diseased and fail long before his other tissues have worn out. Whilst certain facts are known, and certain deductions are possible, there is at present no real answer to the problem of coronary disease which continues to take its tragic toll in sudden death. It can be seen from the figures in Appendix 2 that during 1952 coronary disease caused 30 per cent. of all deaths from heart disease in this Area.

In a world where many of the diseases which formerly caused early or untimely death have been greatly reduced in numbers, cancer stands out in sharper relief as a very potent cause of death. In this Area it was during 1952, second in the list of principal causes of death, accounting for 14 per cent. of all deaths during the year. Of the clearly defined cancers that affecting the stomach was numerically greatest, but the less well-defined cancers which appear in Appendix 2 under the head "various other cancers" were responsible for the greatest number of deaths. In recent years there has been a definite increase in the mortality from cancer. Some of the increase is real, that is due to an actual increase in the incidence of cancer, whilst some of it is apparent, that is due to better diagnosis and recognition of disease which previously went unrecognised. Coincidental with this increase in cancer mortality the whole subject has been receiving greater attention from medical and scientific workers and a great deal of research has been and is being carried out into possible causes of cancer. If and when these causes are uncovered it is reasonable to hope and believe that effective remedies will be found, but up to the present the causes of cancer remain largely hidden. Not unnaturally the subject of cancer is one which interests the general public, and one which tends to receive an increasing amount of publicity in the Press and in periodicals. As to whether this publicity is a good thing it is difficult to say, and opinions are divided on the matter. It would perhaps be fair to say that the publication of bare statistics without comment or explanation would not be wise, tending to create an unreasoning fear of the disease. If the general public is to be informed about cancer, such information must be conveyed in the most careful and tactful manner, and even then, it may not be possible to avoid creating in some individuals a "cancerphobia" with all its attendant unhappiness. What we really want to get across to people is the fact that much cancer is curable if it is taken in hand in its early stages. Whether this can be done without causing undue alarm, and worry is something on which it is most difficult to form a reliable judgment. Probably nothing short of experimental cancer education campaigns would yield reliable information on the subject. As far as this Area is concerned there is perhaps some

small comfort in the fact that over the past five years there has been no real increase in cancer mortality, and in fact the figure for 1952 is slightly below the average annual figures for the period 1948-1952.

In 1952 the incidence of notifiable infectious disease was low, the total of 234 cases being the lowest recorded in the five years, 1948-1952. The diseases which normally cause large fluctuations in yearly totals—measles and whooping cough—were not very active in 1952. Of the more serious infectious diseases there was one case of diphtheria in an unimmunised adult, one fatal case of encephalitis in a 12-year-old boy, and two non-fatal cases of meningococcal meningitis in young children. In a year in which the incidence of poliomyelitis in England and Wales was above the average we were fortunate in having no cases of this disease in this Area. In connection with poliomyelitis it is encouraging to be able to report that as a result of intensive research work, principally in America, the prospect of preparing a vaccine to prevent the onset of poliomyelitis is brighter. It is as yet much too early to say whether the solution to the control of poliomyelitis is in sight but we have good hopes that it is not too far away. I am also glad to be able to report that a vaccine to protect against whooping cough was made available towards the end of the year. Although it may not have the spectacular success which attended the use of ante-diphtheritic vaccine we hope it may reduce the incidence and severity of whooping cough amongst children. Whilst on the subject of protective inoculation, may I add my voice to those who have warned of the danger of becoming careless or indifferent about having young children protected against diphtheria. Many young parents have hazy memories of the disease, and because it seldom rears its ugly head in their midst, they may become confirmed in the belief that diphtheria has disappeared from the world and there is no need to have their children protected against it. It cannot be repeated too often or with too much emphasis, that unless the immunity of young children against diphtheria is maintained by timely immunisation, this disease will again come amongst us to reap its tragic harvest of young lives.

Families, who by their social behaviour, leading as it does to the placing of uncommonly heavy demands on social services, are not inappropriately known as "problem families." The great majority of these families are characterized by mental sub-normality, coupled with a fine disregard for the rules of life and conduct which govern our highly organized society. Of the parents the father is capable of low-grade, unskilled work only, and may often be irregularly employed or unemployed. The mother is usually a hopeless manager and housekeeper who soon gives up the

unequal struggle against the filth and squalor which she and her family create all about them. A considerable part of the family income is spent on tobacco and alcohol, and the remainder is frittered away by poor domestic economy. When first encountered the state of the family may be ascribed to poor housing conditions, but a transfer to a better house with reasonable amenities makes little difference to the mode of life of a true problem family. On the contrary, the increased rent of such a house lays upon them an increased burden, which most of them cannot or will not carry. Add to this the damage and dilapidation they cause in the house, and the sense of resentment their presence engenders in their more normal neighbours, and it is not difficult to appreciate the reluctance of housing authorities to accept these families as tenants. It appears that if these families, and particularly the children, are to be helped, and rehabilitated, something in the nature of a team of social workers is needed to go into the home and there, working with, and virtually becoming a part of the family, to endeavour to raise the standard of life and conduct of the family to do something approaching normality. Such teams or family service units have been formed and used in large urban communities and they appear to have achieved some success. Obviously they could not operate so effectively in a thinly populated area mainly rural in character, and it is therefore fortunate that in such areas problem families are not so numerous, nor have their members the same opportunities for indulging in serious crime or juvenile delinquency. As a matter of interest there are in this Area about 30 families who provide in greater or less degree some problem to our social workers which calls for frequent visiting, and much effort to improve and educate them to a better standard of life for themselves, and a better standard of behaviour towards the rest of the community. Progress can be and often is painfully slow, but we always hope for better things from the growing generation of these families, and here and there our hopes are rewarded. One thing beyond doubt is the necessity to continue helping even the worst and most hopeless of these families. To abandon them to their own devices is to add further to the members who batter upon and exploit the resources of modern society.

The welfare of old persons continued to cause some anxiety during 1952. Several cases of old persons living alone in squalid and insanitary conditions came to notice during the year. In some cases the old persons were persuaded to accept accommodation in a hospital or institution where they could be cared for, and in other cases assistance provided by relatives, home helps, and the district nurse enabled them to remain at home, where living under reasonable if not ideal conditions they were much happier. It has

been said that in modern times old people are being left a great deal to fend for themselves as far as care and assistance from relatives is concerned. This is unfortunately true in many cases and is an inevitable result of the state of mind which the Welfare State creates in many people, in consequence of which they believe that the State is able and willing to take over their personal cares and responsibilities. On the other hand, we must in justice take cognisance of the genuine difficulties which prevent many well-intentioned people from caring for their old relatives. One of these is the physical separation, sometimes by long distances, between old people and their kin. This is one of the results of easy travel and the tendency of younger people to move away from mainly rural areas to larger centres of population. Another difficulty encountered in these cases is the friction and dissension which results from the differing outlook of old people, and their younger relatives, and here it must be admitted that some old persons can be extremely cantankerous, and make unreasonable demands on those who endeavour to care for them. I do not wish to over-emphasise or dwell unduly on these shortcomings and the difficulties they create, but I think it only right that they should be known. If all that one might wish to do for old people in the closing years of their lives is not always done, the blame cannot always be placed on those who may have tried to help. A great many old people are happy living alone, and manage very well with a little outside assistance. In some cases however the failing capacity, part mental, part physical, of old people to care for themselves manifests itself in the falling away of their living standards. Their houses become verminous and insanitary, and they themselves become filthy in person, and habits. They, moreover, suffer from malnutrition because of their inability to prepare proper meals for themselves, whilst their dependence of paraffin oil for heating, and lighting creates a considerable danger of fire for themselves and their neighbours. Such are the pathetic cases of old persons which come to my notice, and in which I am forced to intervene to persuade them to accept outside help or to move into a hospital or institution where they will be cared for. Where persuasion fails I am empowered to bring the case before a Court of Summary Jurisdiction where if the Bench thinks fit an order for the removal of the old person may be made. I, personally, do not like this procedure, involving as it does the removal of the liberty of the subject, but as an official I should feel bound to make use of it if I should encounter a person who proved unreasonable about the conditions under which they lived. I am glad to say that during 1952 I had no reason to take any such case before the Bench, although in some cases I was driven very close to having to do so, and I feel that sooner or later the necessity for this course of action will arise.

The provision of adequate housing still continues to be of prime importance in promoting and advancing the health and happiness of the community. It is true that the very heavy demand of the years immediately after the war has ceased, especially in the two Rural Districts in this Area, but in the Boroughs and Urban Districts the demand for rehousing continues to be heavy. In this Area, the relatively limited size of the building industry has restricted the amount of new building which can be undertaken, but within these limitations all the District Councils concerned have done their best to satisfy existing demands.

As far as water supply was concerned the main development was the completion of the trunk main from St. Cleer to Polruan. This will put an end to the severe water shortage which in the past has made life in the summer months so uncomfortable in this popular holiday resort, and in addition will solve the water supply problem at some places along the line of the main, notably Dobwalls, where a start can now be made in providing some new houses. The next step in this comprehensive scheme would appear to be construction of intake works on the River Fowey, and the provision of a new main from these works to enlarged treatment works and storage reservoirs at St. Cleer. When this is done there should be ample pure water available to serve all the needs of the surrounding area for many years to come, and it will then be possible to consider extending piped water supplies to many villages, hamlets and farms which are badly in need of such supplies.

With the development of water supplies the need will soon arise for more satisfactory systems of sewage disposal. Because of the high cost of providing such systems progress must necessarily be slow, and in consequence the two Rural Districts, in which the principal demand for this service exists, have agreed on a scheme of priorities for the carrying out of this work. Other things being equal, places suffering the greatest nuisance from existing unsatisfactory methods of sewage disposal, are given the highest priority. This means that smaller villages and hamlets, where the extent of the nuisance is less will have to be patient and await their turn, perhaps for some years, since the provision of proper facilities is at present a slow and expensive matter. During the year 1952 the main active work on sewage disposal was at St. Cleer in the Liskeard Rural District, though much time and thought was given to the preparation of schemes in the St. Germans and Liskeard Rural Districts.

I trust that the foregoing paragraphs will give some general idea of those aspects of Public Health work in this Health Area which have interested me and, in some respects, caused me concern

during 1952. My general impression of the year is one in which the health of the community has been about average, and in which there have been no outstanding losses or gains, and I think we can rest reasonably content if not completely satisfied with this result. From a purely personal point of view the year was for me very satisfactory in the cordial relations which existed between members and officers of the District Councils and myself, and I should like to take this opportunity of thanking all those who have helped me and co-operated with me during the year 1952.

I have the honour to be,
Your Worship and Gentlemen,
Your obedient Servant,
P. J. FOX,
Medical Officer of Health.

BOROUGH OF SALTASH

Area of Borough	...	...	...	...	...	6,257 acres
Population (Registrar-General's Estimate)						8,000
Number of Inhabited Houses	...	...	...	...	...	2,286
Rateable Value of Borough	...	...	...	...	...	£54,683
Sum Represented by Penny Rate	...	...	...	...	...	£214

Vital Statistics for 1952

		Male	Female	Total
<i>Live Births</i>	...	73	67	140
Birth Rate per 1,000 of Population	Saltash M.B.	17.85	Health Area No. 7	England & Wales
<i>Still Births</i>	...	3	1	4
Still Birth Rate per 1,000 of Population	Saltash M.B.	0.50	Health Area No. 7	England & Wales
<i>Deaths</i>	...	53	64	117
Death Rate per 1,000 of Population	Saltash M.B.	11.12	Health Area No. 7	England & Wales

Deaths of Infants under One Year of Age

	Male	Female	Total
All Causes	3	2	5
Infant Mortality Rate per 1,000 live births	Saltash M.B.	Health Area No. 7	England & Wales

Deaths Attributed to Pregnancy, Childbirth and the Puerperal State

One death registered under these heads.

	Saltash M.B.	Health Area No. 7	England & Wales
Maternal Mortality Rate per 1,000 total births	6.94	2.64	0.72

Principal Causes of Death at All Ages

Heart Disease	...	...	...	...	...	38
Cerebral Vascular Lesions ("Stroke")	...	...	...	...	...	20
Cancer (all sites)	...	...	...	...	...	15
Genito-Urinary Disease	...	...	...	...	...	8
Circulatory Disease	...	...	...	...	...	7
Respiratory Disease	...	...	...	...	...	3
Accidents	...	...	...	...	...	3
Digestive Disease	...	...	...	...	...	2

Average Age at Death

Male	Female
64.38 years	67.69 years

As far as the birth rate and death rate are concerned they show that conditions in the Borough were above average during 1952. Infant mortality was slightly higher than the national rate. Maternal mortality was noticeably high compared with the figure for England and Wales, although only one maternal death was involved. It is well to remember that where the population at risk is small—in this case women who actually gave birth to babies during 1952—even a single incident may radically alter the appropriate statistical rate, and this must be clearly borne in mind when considering or evaluating rates.

Once again the most common cause of dying was heart disease, with cerebral vascular lesions again in second place amongst the principal causes of death. Cancer showed a moderate increase. The average age at death has fallen from the high figures of 1951, but is still close to the figures for England and Wales.

Infectious Disease. The incidence of notifiable infectious disease was uncommonly light during 1952 and the total number of cases notified, 39 in all, was the lowest for the past five years. The only serious diseases notified were diphtheria (1 case) and meningococcal meningitis (1 case), but neither was fatal. The case of diphtheria was in a 35-year-old adult who had not been immunised. The source of his infection was not traced. The case of meningitis was in a five month-old child. One child died of whooping-cough during the year. The following are details of cases and case rates during 1952 :

Case Rate per 1,000 of Population

	Cases	Saltash M.B.	Health Area No. 7	England & Wales
Whooping-Cough	14	1.75	0.82 ²	2.61
Pneumonia	11	1.38	0.92	0.72
Measles	7	0.88	1.96	8.86
Food Poisoning	4	0.50	0.13	0.13
Diphtheria	1	0.13	0.02	0.01
Meningococcal Meningitis	1	0.13	0.04	0.03

Case Rate per 1,000 Total Births

	Cases	Saltash M.B.	Health Area No. 7	England & Wales
Puerperal Pyrexia	1	6.94	5.27	17.87

Tuberculosis. During 1952 the total number of new cases notified in the Borough was eight. Of these seven were respiratory disease and one was non-respiratory. In addition to these new cases four other cases were taken on to the tuberculosis register from other sources, and one case of respiratory tuberculosis previously unknown came to light in death returns. During the year there was one death from respiratory tuberculosis and five other cases were removed from the tuberculosis register. At the end of the year there were 40 cases of respiratory tuberculosis, and five cases of non-respiratory tuberculosis known to be resident in the Borough.

The following are details of new cases, deaths, case rates and mortality rates during 1952 :

Age Group	New Cases		Deaths	
	M.	F.	M.	F.
0—1	—	—
1—5	—	—
5—15	1	—
15—45	1	4
45—65	2	—
65 and over	...	—	—	—

Rates per 1,000 of Population

	Saltash M.B.	Health Area No. 7	England & Wales
New Cases	1.00	1.01	Not stated
All Cases	5.63	5.62	Not stated
Deaths	0.13	0.11	0.24

National Assistance Act, 1948. No action under Section 47 of this Act was called for during 1952.

Water Supply. With almost all the water consumed in the Borough coming from the Plymouth Corporation, and the South-East Cornwall Water Board, both the quantity and quality of the supply was satisfactory throughout the year.

Sewerage and Sewage Disposal. There were no changes or developments during 1952.

Food. The Sanitary Inspector, Mr. R. B. Hall, continued to give much attention to shops, and catering establishments in the Borough and, generally speaking, a reasonable standard of hygiene was maintained throughout the year. In this respect it is worth mentioning that in none of the four cases of food poisoning notified during 1952 was any fault found with the shop from which the suspected food had been purchased.

Food Poisoning. Four isolated cases of food poisoning were notified during the year. In no case was the source of trouble

found, although diligent enquiries were made, and wherever possible suspected articles of food were submitted to laboratory examination. In no case was the attack of food poisoning severe in nature or of long duration.

Clean Food Campaign. Although no formal campaign was undertaken, Mr. Hall took every possible opportunity of stimulating and maintaining the interest of the public and of organised voluntary bodies in the importance of clean food.

Housing. The Borough's good record in the post-war housing campaign was maintained during 1952 when 40 houses, four flats and four new shops were completed and occupied. During the year nine private enterprise licences were issued. There is still much old sub-standard housing accommodation in Saltash, especially in that part of the town bordering the Tamar, and it is hoped that in the not too distant future demolition and clearance of this old property will be taken in hand.

Factories' Act, 1937. The number of factories in the Borough is small and no difficulties were experienced during 1952.

Report of the Sanitary Inspector. The Report of the Sanitary Inspector, Mr. R. B. Hall, follows and provides detailed information on the many aspects of health and hygiene with which Mr. Hall has so ably dealt during the year. I have to express my thanks to Mr. Hall for the co-operation he has shown and the help he has given me during 1952.

APPENDIX 1

Principal Causes of Death—All Ages—1952

Disease	St. Germans R.D.	Liskeard R.D	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Heart Disease ...	79	95	38	15	26	26	279
Cancer (All Sites)	33	15	15	12	16	11	102
Cerebral Vascular Lesions ('Stroke')	29	16	20	11	8	2	86
Respiratory Disease	20	13	3	3	5	4	48
Circulatory Disease	16	8	7	3	1	2	37
Genito-Urinary Disease	7	4	8	3	1	—	23
Accidents ...	7	4	3	2	—	2	18
Digestive Disease	3	3	2	1	—	1	10
Suicide ...	4	1	—	—	—	1	6
Tuberculosis ...	1	2	1	—	1	1	6

APPENDIX 2

Details of Types of Heart Disease and Cancer Causing Deaths—1952

Disease	St. Germans R.D.	Liskeard R.D	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Coronary Disease,							
Angina	26	25	13	7	5	6	82
High Blood Pressure							
with Heart Disease	5	8	2	—	2	1	18
Other Heart Disease	48	62	23	8	19	19	179
Cancer of Stomach	5	3	2	2	2	6	20
Cancer of Lung and							
Windpipe	1	—	1	1	1	1	5
Cancer of Breast	4	1	1	—	3	1	10
Cancer of Womb	3	2	4	3	1	—	13
Various other Cancers	20	9	7	6	9	3	54

APPENDIX 3

Deaths by Age Groups—1952

District	0—5 years	5—15 years	15—45 years	45—65 years	65—75 years	75 and upwards	All Ages
St. Germans R.D.	10	2	7	43	61	112	235
Liskeard R.D.	7	—	5	36	42	92	182
Saltash M.B.	5	—	10	24	31	47	117
Torpoint U.D.	2	—	4	16	14	23	59
Liskeard M.B.	3	—	5	12	17	24	61
Looe U.D.	2	—	4	9	16	24	55
Health Area No. 7	29	2	35	140	181	322	709

APPENDIX 4

Average Age at Death—1952

District		Males	Females
St. Germans R.D.	...	70.01	66.77
Liskeard R.D.	...	69.02	71.60
Saltash M.B.	...	64.38	67.69
Torpoint U.D.	...	61.59	67.07
Liskeard M.B.	...	64.45	65.15
Looe U.D.	...	62.56	74.07
Health Area No. 7	...	67.27	68.47

APPENDIX 5
Incidence of, and Mortality from Tuberculosis
in Health Area, No. 7—1952

Age Group	New Cases		Deaths	
	M.	F.	M.	F.
0—1	—	—
1—5	—	—
5—15	4	5
15—45	19	12
45—65	7	4
65 and over	3	—
Totals	33	21	3	3

	Males	Females
Case rate per 1,000 of population	... 0.64	0.39
Mortality rate per 1,000 of population	... 0.06	0.06

Case Rates and Mortality Rates per 1,000 of Population by Sanitary Districts in Health Area No. 7—1952

District	Total Cases as			Deaths
	New Cases	at 31.12.52		
St. Germans R.D.	...	0.72	5.63	0.06
Liskeard R.D.	...	1.46	4.53	0.14
Saltash M.B.	...	1.00	5.63	0.13
Torpoint U.D.	...	1.17	5.57	Nil
Liskeard M.B.	...	1.40	8.37	0.23
Looe U.D.	...	0.28	6.72	0.28
Health Area No. 7	...	1.01	5.62	0.11

APPENDIX 6
B.C.G. Vaccinations Against Tuberculosis—1952

AGE GROUP

District	Under 1 Year	1—5 Years	5—10 Years	10—15 Years	15 Years and over
St. Germans R.D.	3	12	12	8	4
Liskeard R.D.	2	5	7	6	3
Saltash M.B.	3	9	3	5	2
Torpoint U.D.	1	4	1	1	—
Liskeard M.B.	3	6	6	1	2
Looe U.D.	1	2	6	1	1
Health Area No. 7	13	38	35	22	12

ANNUAL REPORT OF THE SANITARY INSPECTOR For the Year Ending, 1952

Water Supply. Plymouth Corporation continue to supply water at approximately 270,000 gallons per day and the South-East Cornwall Water Board supply approximately 5,000 gallons per day.

A scheme has been prepared to provide a new trunk main to feed the Longstone distribution tank from the existing trunk main which crosses the Royal Albert Bridge. This scheme also provides for a main from Pillmere to Burraton Cross which is supplied with water from the South-East Cornwall Water Board, the latter is hoped to be completed before the end of 1953. The finalisation of the Trematon Area Water Scheme is in sight, although the South-East Cornwall Water Board have dropped the River Tiddy Scheme, the Admiralty by laying their own supply across the River Tamar from Plymouth have made available sufficient water to enable this area to be supplied from the present sources, and with that in mind it is hoped to proceed with the Trematon Area Scheme with water supplied by the South-East Cornwall Water Board.

There has been no contamination of piped water supply, and wells in general use in the outlying areas have been satisfactorily treated where the supply has been in doubt.

One application for grant to the Ministry of Agriculture and Fisheries was made and came before the Local Authority for approval of the source of supply, this was rejected on the grounds of contaminated water supply at the source.

The number of dwelling-houses supplied from water mains is 2,157 and the number supplied by standpipe is 136.

One chemical analysis and four bacteriological examinations were taken from piped supplies and they were satisfactory.

One chemical analysis and 27 bacteriological examinations were made in connection with water taken from wells, all the bacteriological samples were satisfactory.

Sewerage and Sewage Disposal. The lay-out of the sewers and sewage disposal works are such that there are four points of discharge in the River Tamar.

One point discharges a treated effluent into the River Tamar from the Salt Mill Disposal Works. The effluent discharged is at present satisfactory, and it is hoped that when the cleaning of the Dortmund Tanks and the fitting of new valves is complete a higher standard will be maintained.

Three outfalls discharge crude untreated sewage into the River Tamar and one further outfall discharges crude untreated sewage into the River Lynher.

There is no sewage disposal scheme under preparation for the Borough.

The standard of effluent discharge required by the Rivers' Board for a river continually used by H.M. Ships is high and should be modified to allow a system of partial treatment to operate.

Refuse Collection. This service is the responsibility of the Borough Surveyor. One three ton vehicle is used solely for the collection of refuse and a weekly collection is made in most of the area. The very outlying districts have a fortnightly collection.

The Borough has ceased for the present collecting waste paper, this has been due to the uncertain market and the price received being uneconomical to maintain a separate salvage from other refuse.

Metals and rags are collected, separated and sold.

Public Cleansing. Again the responsibility of the Borough Surveyor.

Equipment is hired for the emptying of Cesspools from St. Austell Rural District Council.

Closet Accommodation. There is still no change, the outlying areas are governed by the availability of a water supply which will not be completed until at least 1954.

Unsatisfactory sanitary accommodation is still apparent at one school, this is situated in the outer area, but can be, and should be, improved by the use of available well water and the provision of a septic tank, as and when a piped supply becomes available it can then be linked to the suggested improved system.

The school mentioned in last year's report has, I am glad to say, been properly equipped and is most satisfactory.

Sanitary Inspections of the Area

Drains, W.C's., etc.	...	...	...	...	71
Housing Applications	...	...	...	...	167
Houses	...	...	...	...	176
Food Premises	...	...	...	...	168
Shops	...	...	...	...	101
Rodent Control	...	...	...	...	53

Factories	...	...	...	...	...	59
Licensed Premises	...	...	...	...	...	12
Infectious Diseases	...	...	...	...	...	7
Schools	...	...	...	...	...	5
School Canteens	...	...	...	...	...	8
Dirty Premises	...	...	...	...	...	13
Food Samples, including Milk	...	...	...	...	...	15
Water Samples	...	...	...	...	...	33
Food Poisoning	...	...	...	...	...	3
Other Visits unclassified	...	...	...	...	...	103

Shops. 101 visits have been made to shops under the Shops' Act, 1950. Notices were served in eight cases and all defects were remedied.

Factories. The industry within the Borough is strictly limited in that there is no large industrial concern.

The small firms maintain their premises satisfactorily. Five notices were served under the Act.

Smoke Abatement. There is no nuisance from smoke within the Borough.

Camping Sites. One site is licensed by the Local Authority. There has been considerable improvement in both the class of tenant and the overcrowding at this site, and it has almost ceased to be a source for applications for Council accommodation.

The site is clean, well organised and well catered for.

Disinfestation. Thirteen visits have been made to verminous premises.

Instances are occurring where aged persons are living under verminous conditions solely due to infirmity or ill-health. After transfer to hospitals for treatment the premises and articles are dealt with by the Local Authority. There is no provision made in the County for the treatment of verminous persons and their belongings, this makes treatment difficult.

It is hoped that arrangements will be made by this Borough shortly for the bathing and cleansing of such persons.

Normal trade preparations such as D.D.T. and Gamexane are used and advantage is taken of any new product to improve conditions.

Schools. The County Educational Authority are aware of the conditions existing at one school in respect of sanitary accommodation and washing facilities, the position can be remedied but there is no improvement made.

Canteen facilities are totally inadequate at two schools. One is governed by the fact that there is no piped water supply, this position cannot yet be remedied.

The second school canteen is a bungalow converted for use as a canteen, this canteen serves two schools. The equipment is modern and well used, but the restaurant space is totally inadequate. The infants and juniors of one school have to walk at least 400 yards in sometimes bad weather, sit in wet clothing and hurry their meals to make way for another sitting. Three sittings are catered for in one hour.

These conditions do not lend themselves to health or hygiene and must be frustrating to the staff.

Rodent Control. 272 premises have been visited by the full time Rodent Operator and 53 premises by myself. They are classified as :

- 132 Dwelling-houses.
- 72 Farms and Agricultural Holdings.
- 68 Business Premises.

Charges are made for business premises, farms and agricultural holdings.

The sewers have been treated in the area of infestation by block control due to greater part of the system being free from Rodents. The Sewage Disposal Works and the Salt Mill Tip have received three treatments each.

Housing. Work has continued on the Warraton Estate and 40 houses have been allocated. In addition four shops and four flats have been tenanted. The 1950 allocation of housing has been commenced and will be available for allocation in 1953. These consist of four bedroomed houses in order to cater for the needs of the larger families.

Eight old persons flats and eight flats for newly married couples are scheduled for 1953.

There is now no waiting list for the granting of Private Enterprise Licences. Early in the year the Ministry of Housing and Local Government granted 20 special licences for Private Enterprise, this concession was in view of the Council's achievement in post-war building and had long been sought by the Council. During the year nine Private Enterprise Licences were issued.

Inspections of Houses During the Year

(a)	Total number of houses inspected for defects (under Public Health and Housing Acts) ...	176
(b)	Number of inspections for that purpose ...	251
(c)	Number included in sub-head (a) which were inspected and reported under the Housing Consolidation Regulations, 1925, and 1932	3
(d)	Number of inspections made for that purpose	7
(e)	Number found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(f)	Number (excluding those referred to in pre- ceding paragraph) found not to be in all re- spects reasonably fit for human habitation ...	Nil

Remedy of Defects During Year Without Formal Notice

Number of defective dwelling-houses rendered fit in consequence of informal notice by Local Authority or their officers	83
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Action under Statutory Powers During the Year

<i>A—Proceedings under Section 9, 10 and 16 of Housing Act, 1936:</i>	
(1) Number in respect of which notices were served requiring defects to be remedied ...	6
(2) Number rendered fit after service of formal notice :	
(a) By Owners ...	6
(b) By L.A. in default	Nil

B—Proceedings under Public Health Act:

(1) Number in respect of which informal notices were served requiring defects to be remedied	74
(2) Number in which defects were remedied after service of formal notice :	
(a) By Owners ...	19
(b) By L.A. in default	Nil

C—Proceedings under Section 11 and 13 of Housing Act, 1936:

(1) Number in respect of which demolition orders were made	Nil
(2) Number demolished in respect of demolition orders	Nil

D—Proceedings under Section 12 of Housing Act, 1936:

(1) Number of separate tenements or under- ground rooms in respect of which closing orders were made	Nil
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(2) Number of separate tenements or underground rooms in respect of which closing orders were determined the tenement or room having been rendered fit	Nil
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Housing Act, 1936—Overcrowding

Nineteen cases of overcrowding were reported during the year and 42 cases were relieved. 167 visits were made to premises in connection with housing applications.

E—Inspection and Supervision of Food

All premises concerned with the handling, wrapping, delivery and sale of food are visited regularly. 168 visits were made.

The standard in food shops, although covered by legislation, still can be improved, and it is felt that the various Acts are too elastic in some of their requirements. Only by a tightening up of some of the clauses and the introduction of more specific legislation can a universal standard be attained. Towards the end of the year an issue of dried fruit had to be returned to the Ministry. Almost a ton of currants were infested by maggots. These currants had almost all been issued to the public when the infestation became known. Posters were posted asking for the fruit to be returned and eventually a new issue was made. The work involved in this case was tremendous, but with the co-operation of the public who were most understanding and the shopkeepers, little dissatisfaction occurred.

Samples of ice-cream all showed satisfactory results.

Clean Food Campaign. Lectures and talks were continued, the St. John Ambulance Association were instructed in a course of Food Hygiene and Clean Food Handling, and eight persons were granted certificates. All traders were circulated and asked to attend these lectures, but the response from them was poor. A film show shown to the public was well attended.

There is a marked increase in the sale of wrapped foods, every baker is now selling wrapped bread and much more care is taken in the protection of foodstuffs in many shops.

Licensed Premises. Twelve visits were made to licensed premises. The notices previously served have been complied with and they are all now satisfactory. One further notice was issued in respect of additional sanitary accommodation and this has been completed.

Registration and Registered Premises. Five distributors of milk have been granted renewed registrations.

Two dairies have been granted renewed registrations.

One Supplementary Licence and five Dealers' Licences for the sale of Tuberculin Tested Milk have been renewed and one further Dealer's Licence has been issued.

SUMMARY

I wish to express my thanks to the Medical Officer of Health, the Chairman and Members of the Sanitary and Highways' Committee the Chairman and Members of the Housing Committee, and to all departments of the Local Authority for the co-operation and understanding I have received from them in the past twelve months.

I wish also to express my thanks to the County Council's Health Visitor for the assistance I have received in dealing with near welfare cases and some housing problems. In a number of these cases, without this assistance, satisfactory results would have been far more difficult to obtain and less confidence in the Health Authority would possibly have resulted.

Yours faithfully,

R. B. HALL,

Sanitary Inspector.

